2 Sporadic case

☐ 3 Unknown

FORM APPROVED OMB NO. 0920-0009

LEGIONELLOSIS CASE REPORT

ATLANTA GEORGIA 30333 (DISEASE CAUSED BY ANY LEGIONELLA SPECIES) PATIENT IDENTIFICATION State Health Dept. Case No. Reporting State City (10-24) State of Residence (CDC Use Only) Case Number (1-2) (25-26) Race/Ethnicity (32) Occupation (27-28) Age (29-30) Sex (31) 1 White, not of Hispanic origin 4 Asian or Pacific Islander 1□M 2□F 2 Black, not of Hispanic origin 5 Hispanic 3 American Indian or Alaska native 9 Not specified POSSIBLE SOURCES OF EXPOSURE In the 2 weeks before onset did the patient: Yes No Unk. If yes, describe 1 2 3 Stay or work in hospital as patient or employee Visit hospital as an outpatient Travel overnight (give cities and lodging where available) UNDERLYING DISEASE AT DATE OF ONSET Yes No Unk □ □ (36) type_____ 1 Cancer ever diagnosed (37-44)(45) type_____ 2 Transplant _(46-53) 3 Renal dialysis 4 Systemic corticosteroids 6 Diabetes mellitus CLINICAL ILLNESS Check one of the following: (71) Mo. Day Yr. 1 Pneumonia, X-ray diagnosed Date of symptom onset of Legionnaires' Disease 2 Pontiac fever: fever, myalgia without pneumonia Date of Hospitalization, if hospitalized for Legionella 3 Other ______(72-73) 4 Don't know History of hospitalization (check one) (86) 1 Patient hospitalized continuously for 3 or more days before onset of *Legionella* infection Hospital name 2 Patient discharged from hospital within 10 days before onset of Legionella infection Hospital address 3 No inpatient or outpatient hospital visits in the 10 days prior to onset of symptoms 4 Other 5 Unknown Was this patient's Legionella infection (check one) (88) Outcome of illness (check one) (90) 1 Associated with outbreak (circle one): 1 Case survived Mo. Dav Yr. 1 Work (89) 2 Death thought primary to Legionnaires' Disease Date 2 Home (91-96)3 Convention 3 Death unrelated to Legionnaire's Disease 4 Hospital 4 Unknown

METHOD OF DIAGNOSIS

FILL OUT THE SECTIONS WHICH APPLY: 1) Culture positive for Legionella from following sites:		
(Check all appropriate answers)		
1 Blood (97)	List species and serogroup	(98-99)
2 Other normally sterile body site: (please identify site)	(100) List species and serogroup	(101-102)
3 Respiratory tract secretions (103)	List species and serogroup	
4 Other: (please identify)	(106) List species and serogroup	(107-108)
2) Direct fluorescent antibody testing		
(Check all appropriate answers)		
1 Positive DFA from lung biopsy (109)	List species and serogroup	(110-111)
2 Positive DFA from respiratory secretions (112)	List species and serogroup	(113-114)
3 Positive DFA from other source: (please identify site)(115-116) List species and serogroup	(117-118)
4 Antigen detected in urine (119)		
3) Serology (Check the appropriate answer and complete as indicated) (120)		
☐ 1 Fourfold rise to ≥ 128 on serologic testing of sequential samples		
	Day Yr.	
a. Initial titer 1:acute Date	6-131)	
b. Highest titer 1: convalescent Date [132-136] (137	7-142)	
☐ 2 Single serologic titer ≥ 1:256 on convalescent serum 1:	Date Mo. Day Yr. (148-153)	
INTERVIEWER IDENTIFICATION'		
Interviewer's Name	Affiliation	
Telephone No. Area Code ()	Date of Interview	
CDC USE ONLY Return completed form to: Attn: Infectious Disease Epidemiology a Texas Dept. of Health 1100 W 49th Street, T801 Austin, Tx 78756-3199	and Surveillance Division (IDEAS)	IDEAS will forward to CDC at: Attn: Respiratory Diseases Branch Center for Infectious Diseases Centers for Disease Control Atlanta, Georgia 30333
Check the appropriate answer: (154)Serogroup	(155)	
1. L. pneumophila 6 L. feeleii		
2 L. bozemanii 7 L. longbeachae		
3 L. dumoffii 8 Mixed, specify		
4 L. gormanii 9 Other, specify		
5 L. micdadei 10 Unknown		
CASE D Confirmed case has a compatible clinical history and meets at least one of the following	EFINITION g criteria:	

- 1) isolation of Legionella species from lung tissue, respiratory secretions, pleural fluid or blood,
- 2) demonstration of L. pneumophila serogroup 1, in lung tissue, respiratory secretions, or pleural fluid by DF antibody testing,
- 3) fourfold or greater rise in IF antibody titer to *L. pneumophila*, serogroup 1, to 128 or greater.

Suspect case has a compatible clinical history and an antibody titer ≥ 256 from a single convalescent sera.

This questionnaire Is authorized by law (Public Health Service Act 42 USC§241) and is recommended by the Conference of State and Territorial Epidemiologists. Although response to the questions asked is voluntary, cooperation of the patient is necessary for the study and control of the disease. Public reporting burden for this collection of information is estimated to average 15 minutes per response. Send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to PHS Reports Clearance Officer; ATTN: PRA; Hubert H. Humphrey Bg. Rm 721-B; 200 Independence Ave., SW; Washington, DC 20201, and to the Office of Management and Budget; Paper Reduction Project (0920 -0009), Washington, DC 20503.